

**Influenza Virus Vaccine
Live, Intranasal (LAIV) Spray**

Manufacturer	MedImmune
Brand Name	FluMist®
Age	Healthy, non pregnant person 2 years - 49 years of age
Formulation	10 pre-filled single-use sprayers (0.2 ml)
Dosage	0.1 ml in each nostril (thimerosal mercury content = 0 mcg)
Storage	Stored in a refrigerator between 2-8°C (35-46°F) Do Not Freeze
Injection Site	N/A
Route	Intranasal only (Do not inject or use a needle)
Needle Size	N/A
Administration	Should not be administered until 48 hours after cessation of influenza A and/or B antiviral therapy. Influenza antiviral medications should not be administered for 2 weeks after receipt of FluMist®. Children age 3yrs-8 yrs may need more than one dose. Refer to the Seasonal Influenza dosing chart: http://www.kdheks.gov/flu/index.html

Vaccination efforts should begin as soon influenza vaccine is available and continue through the influenza season

Contraindications to FluMist® administration:

1. Persons who have experienced an anaphylactic reaction to eggs, egg proteins, gentamicin, gelatin or arginine, or with a life-threatening reaction to a prior dose of influenza vaccine.
2. Persons with a history of an egg allergy who have experienced only hives after exposure to eggs should receive TIV
3. Persons 2 - 17 years of age receiving long-term therapy with aspirin or other salicylates, because of the association of Reye syndrome with wild-type influenza infection.

Precautions and Warnings:

1. FluMist ® should not be given to any child < 24 months of age because of the increased risk of hospitalizations and wheezing that was observed in clinical trials.
2. FluMist ® should not be administered to any individuals with asthma or children < 5 years of age with recurrent wheezing because of the potential for increased risk of wheezing post vaccination unless the potential benefit outweighs the potential risk. If a HCW has told the parent or guardian in the past 12 months their child has asthma or had a wheezing episode in the child's medical record they should not receive FluMist®.
3. Persons with chronic medical conditions, including asthma, a recent wheezing episode, reactive airways disease or other chronic pulmonary or cardiovascular conditions, metabolic disease such as diabetes, renal disease, or hemoglobinopathy, such as sickle cell disease.
4. History of Guillian-Barre` syndrome within 6 weeks of any prior influenza vaccination. The decision to give Flu Mist should be based on careful consideration of the potential benefits and potential risks.
5. Data supporting the safety and effectiveness in immunocompromised individual pregnant women, geriatric adults, or children < 2 yrs is limited.
6. Persons who are moderately or severely ill.

Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967

Medical Director's Signature: _____ Effective Date: _____

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http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm?s_cid=mm6132a3_w

Drug Insert: <http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM123743.pdf>

CDC Influenza website <http://www.cdc.gov/flu>

KDHE Influenza website <http://www.kdheks.gov/flu/index.html>